

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/518448

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
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44			/			
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47			/			
48			/			
49			/			
50			/			
TOTAL IND.		↓	1	↓		↓
TOTAL DEP.		←	19	←		←
TOTAL CLAIMS			20			

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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52			/			
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100						
TOTAL IND.		↓	0	↓		↓
TOTAL DEP.		←	4	←		←
TOTAL CLAIMS			4			